



ROBERT G. ATKINS

AGRICULTURAL COMMISSIONER
SEALER OF WEIGHTS
AND MEASURES

County of San Diego

DEPARTMENT OF AGRICULTURE, WEIGHTS & MEASURES
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(858) 565-7046
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(858) 694-2778

2011 Apiary Registration

Please complete and return this form. Registration fee is \$10.00.

| | | | | | |
|---------|----------------------|------------|----------------------|----------|----------------------|
| Name | <input type="text"/> | Date | <input type="text"/> | Phone | <input type="text"/> |
| Address | <input type="text"/> | City/State | <input type="text"/> | Zip Code | <input type="text"/> |
| County | <input type="text"/> | Brand No. | <input type="text"/> | | |

Please check here and return if you no longer have bees in San Diego County. { }

LOCATION OF APIARIES MOST COMMONLY USED (attach additional sheets if necessary)

| Apiary | No. Colonies | Nearest Town or Community | Thomas Bros. Map Coordinates | Describe location using roads, intersections, giving directions, side of road, section, township & range |
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NOTE: ANY TREATMENT FOR BEES IN A STRUCTURE WHICH INVOLVES THE USE OF ANY PESTICIDE MUST BE APPLIED BY A PROPERLY LICENSED PEST CONTROL OPERATOR.

REQUEST FOR PESTICIDE NOTIFICATION

I hereby request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agricultural Code and Title 3 of the California Code of Regulations Section 6654.

I am available for notification during the two-hour time period from _____ to _____ Monday through Friday by collect call to the following phone number(s): _____ or _____.

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commission IN WRITING within the 72-hour period before relocating, I may not be entitled to recover damages for any injury from pest control operations. Also, I will not recover damages if I fail to properly post an identification sign at my apiaries or if I am not available for notification at the hours I have designated above. I understand that this "Request for Notification" will expire December 31 of the current year.

Signature _____ Date _____

Signature of Agricultural Commissioner Rep. _____ Date Received _____